

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2003

2003 FORM MO-CRP

Read instructions.Print or type.

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SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER			CURITY NUMBER	Y NUMBER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME				3. LANDLORD'S NAME, SOCIAL SECURITY NO.						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER						
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY		EAR 003	TO:	MONTH	DAY	— YEAR 2003		
7. Check the appropriat A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RI or children	t receipts. If receiving the box and enter the country to box and enter the country that th	g assistance, enter the rresponding percentage OME, OR DUPLEX— L CARE—50% RE NURSING HOME—50%; Otherwise, enter cannot exceed ared your residence wasppropriate box and enter the responding percentage of the residence was percentage of the residence was percentaged.	ne amount of rate on Line 7. 100% - 45% enter — 100% 40% of total ratifith relatives another percentage	nousehold d/or friends	income.) nan your spouse	6	00		
Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)							7	%		
8. Net rent paid — Mult FORM MO-PTS, LIN	iply Line 6 by the perce E 12 OR FORM MO-P	•					8	00		
MO 860-1089 (11-2003)		For Privac	y Notice, see	the instr	uctions.					

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1. SOCIAL SECURITY NUME	SPOUSE'S SOCIAL SECURITY NUMBER				ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.						
2. NAME				3. LANDLORD'S NAME, SOCIAL SECURITY NO.							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)					LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER							
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	_		003	TO:	MONTH	С	DAY	_	YEAR 2003
 Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% 							6			00	
 □ B. MOBILE HOME LOT — 100% □ C. BOARDING HOME / RESIDENTIAL CARE — 50% □ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% □ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% 											
☐ F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) ☐ G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.								0/			
Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%) 8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						8			00		